CSEA Employee Benefit Fund
Maternity Benefit Claim Form

This form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached.

MAJOR PLAN FEATURES

- This benefit will pay $200 upon the birth of a member's child to help cover the cost of maternity care.
- Multiple births receive multiple benefits.
- Members who give birth on maternity leave who would otherwise have been eligible for this benefit may still submit a claim.
- Members must be eligible for Fund benefits for a minimum of nine months prior to the birth of the child and must be benefits eligible on the child's date of birth.

INSTRUCTIONS

- Submit this form with a copy of your child's birth certificate(s).
- All claims must be submitted no later than December 31st of the following calendar year.
- If enrollment for additional dependents is needed, an enrollment form can be obtained by calling 1-800-323-2732 or by visiting our website, www.cseaebf.com
- Submit for this benefit only if it has been negotiated for you under your collective bargaining agreement.

TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name _____ EBF ID# _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email _____

New Child's Name _____ Date of Birth ____ / ____ / ____ M ☐ F ☐

Does this dependent have other dental coverage? ☐ Yes ☐ No

If yes, please indicate the name of the other plan _____ Effective Date _____

Member's Signature _____ Date _____

Please allow up to 6 weeks for processing.

MAIL COMPLETED CLAIM TO

CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516